



REQUEST FOR FSTEP COURSE SCHEDULING

STATE FIRE TRAINING

PO Box 944246 * Sacramento, CA 94244-2460

Phone (916) 445-8132 * Facsimile (916) 445-8128

(Internet) www.fire.ca.gov

REQUEST MUST BE RECEIVED EIGHT WEEKS PRIOR TO BEGINNING DATE OF CLASS

TODAY'S DATE:		COURSE TITLE:	
BEGINNING CLASS DATE:		ENDING CLASS DATE:	
CLASS LOCATION (City):		TRAINING FACILITY:	
SPONSORING AGENCY NAME:		AGENCY CONTACT FULL NAME:	
		AGENCY CONTACT PHONE NUMBER:	
PRIMARY INSTRUCTOR:		ASSISTANT INSTRUCTOR(S):	
DELIVERED ON SHIFT SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL NUMBER OF STUDENTS:	PER SHIFT:
ADVERTISE IN CLASS SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SHIPPING INFORMATION:	BILLING INFORMATION:
SHIP TO:	BILL TO:
ATTN:	ATTN:
STREET ADDRESS: (NO PO BOX)	STREET ADDRESS:
CITY/STATE/ZIP CODE:	CITY/STATE/ZIP CODE:

▷ SHADED AREAS FOR OFFICE USE ONLY ◁

Registration	TOTAL Students	UNIT PRICE	TOTAL PRICE	CODES (INDEX 5921)	QTY SHIPPED	QTY RETURNED	QTY BILLED	FINAL AMOUNT
Total number of students	#	\$ 5.00	\$	59210-142500-21	#	#	#	\$
Registration fee only:								
Shipping/Handling Charges		\$ 5.00	\$ 5.00	59210-141200-03	#	#	#	\$
TOTAL AMOUNT DUE		\$		Final Amount Due		\$		

DATE SHIPPED:				SHIP VIA:	<input type="checkbox"/> UPS	<input type="checkbox"/> USPS	<input type="checkbox"/> PICK-UP	
BOX	WEIGHT	BOX	WEIGHT	CLASS CODE:	PRIM INSTRUCTOR CODE:			
1		3		INVOICE NUMBER:				
2		4		MRT #				
DATE RECV'D SM:				DATE <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED				
DATE RECV'D REG:								

By submitting this request, instructors and sponsoring agencies agree to comply with all published State Fire Training policies and procedures of the California State Fire Marshal's Office.

INSTRUCTIONS:

- All Requests must be received 8 weeks prior to begin date of class. Late classes may be denied.
- Complete form except shaded areas. (All boxes must be completed).
- Shipping and Billing address is required. If billing address is the same as shipping, you may write "Same".
- List number of students and multiply total number of students by \$5.00 to get total price. (Example: 20 students x \$5.00 = \$100.00)
- All classes will be assessed a \$5.00 shipping/handling charge.
- Requester must calculate all math.

RETURNING CLASS

- Return all class materials via UPS to:
- Return CSFM original class roster.
- Copy of invoice must be attached.

**CDF/STATE FIRE TRAINING
1131 'S' STREET
SACRAMENTO, CA 95814**

PAYMENT

- Do not send payment before you receive invoice.
- Send check and copy of invoice to:

**CDF/ACCOUNTING
ATTN: CASHIER
PO BOX 944246
SACRAMENTO, CA 94244-2460**

MRT PROCESS – (CDF ENTITY ONLY)

- Requester must complete MRT as follows:
Assign Document number
Unit's Calstar coding and (C) for Charge
OSFM Calstar coding is: {FY-5921-337.01-59210-\$ } and (A) for Abatement
Use object code 337.01 ONLY for the total amount of the MRT
Do not send MRT copies to CDF/Accounting Headquarters
The MRT must be signed, dated and approved by an authorized individual
Send original MRT with course request form to CDF/State Fire Training

INFORMATION

Course Approval	-	Betty Navarrette	-	(916) 445-8132
Shipped/Cancelled Classes	-	Rich Curatolo	-	(916) 445-8158
Payment/Invoice/MRT	-	Penny Katsifolis	-	(916) 445-8144